January-February, 1965

MEDICAL MISSIONARY

Themes of the Church Today

I

THE SENSE OF COMMUNITY

THE SENSE OF COMMUNITY IS THE CONVICTION

—THAT OUR UNION WITH ONE ANOTHER IN CHRIST IS VERY REAL AND VERY RICH.

—THAT THE RISEN LORD IS AND ACTS IN OUR MEETINGS WITH ONE ANOTHER AND IN OUR GATHERINGS FOR WORSHIP

—THAT EACH MAN IN HIS UNIQUE WAY IS TO EVERY OTHER, A SERVANT, A LORD, A GIFT, A BUILDER, A BEGGAR, A BROTHER

—THAT ALL OF US, THE GREATEST AND THE LEAST, SHARE RESPONSIBILITY FOR GOD'S KINGDOM ON EARTH

—THAT ALL IS FOR EACH AND EACH IS FOR ALL

—THAT AUTHORITY IS FOR SERVICE

—THAT OBEDIENCE IS CREATIVE AND BORN OF THE LOVE THAT BINDS US TO CHRIST, TO HISTORY, TO EVERYMAN EVERYWHERE

—THAT IT IS IN LOVING AND DISCOVERING OUR BROTHERS THAT WE DISCOVER AND BECOME OURSELVES

—THAT IT IS OUR LIVING, LOVING UNION, OUR COMMUNION IN CHRIST, THAT REDEEMS US AND WORSHIPS GOD IN SPIRIT AND IN TRUTH.

Sr. M. Lawrence, S.C.M.M.

THEME FOR 1965

Religious women in the Church of 1965 are viewing themselves in a new light, against the background of today's changing circumstances and challenging opportunities. They are looking more closely at the world's needs and asking how they can fulfill their own role more meaningfully, how they can better bear the burden of heavier and more complex obligations. It is not a question of a way "out" but of a more direct way "in"—into the heart of man's yearnings and problems. They truly wish to be of service to the world, and in the way the world needs that service in our times.

Mindful of these facts, we have selected the topic—THE RELEVANCE OF OUR APOSTOLATE TO THE TRENDS OF OUR TIMES—as the theme for the 1965 issues of THE MEDICAL MISSIONARY.

Again and again, in the writings of the Council Fathers, in current literature and art, in the newspapers, on radio and TV, in one man's dealings with another, certain currents or trends are continually coming to the fore. These currents, moving in our times and moving our times, exert their own force to which both the Church and the world must respond. They are a good criteria against which to view the validity of a man's work or an organization's endeavor. We have singled them out as: a sense of community, openness, authenticity, relevance, freedom, *and* true service.

With these trends as a yardstick, we have measured the medical mission apostolate as it is daily carried out in the lives and work of close to 700 Medical Mission Sisters in the jungles of Africa, the cities of the Orient, the mountains and plains of South America. We believe our charity as expressed in our care of the sick, our efforts to train the local people, our public health work and mobile clinics is a genuine response to these movements.

We know well, because we face it each day, that disease, ignorance, malnutrition, poverty still plague most of the world's people. We are convinced that the role we play in the world is a vital one; that the way we play it is in keeping with the "winds of change" blowing in our times.

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THIS ISSUE...

A *sense of community*, our theme for January-February, is like a great net spreading over our world today, drawing men closer together as individuals, as groups, as nations. Words such as "joint responsibility," "corporate function," "group effort," "world cohesion," are no longer strange to our vocabulary. Unisphere has replaced the two hemispheres. In our own medical mission work, community means teamwork within a hospital along the Ganges, as described in this issue by Sister M. Frederic; or communal living at Kokofu Leprosarium in Ghana the way Sister M. Francis portrays it; or again, the impact of a big city hospital on the local community and, in return, the big city's impact on the hospital, a two-way exchange witnessed at Holy Family Hospital in New Delhi. Perhaps nowhere does it come through more strongly than in a clinic built by many hands in Las Piedras, Venezuela. Each is an effort to say "Our Father" among His children, the community of all men.

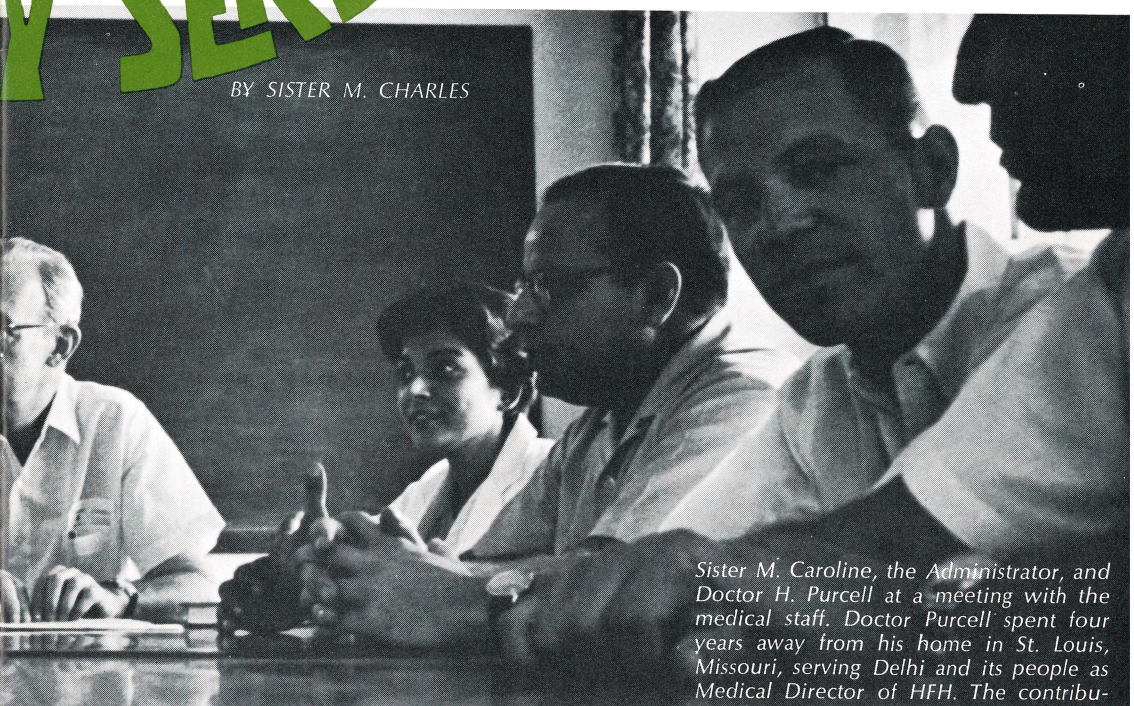
A NEW COMMUNITY

DELHI
...Y SERVICE

BY SISTER M. CHARLES

Across section of the world walks through the doors of Holy Family Hospital, New Delhi, any day of the week—Indian Government employees, Punjabi villagers, foreign embassy personnel, a Maharani with her entourage, tourists, a delegation from Bhutan robed in Buddhist regalia, veiled women, busy business men or an old man wrapped in a blanket. The hospital belongs to each of them in a different way. Ultimately, it belongs to the Delhi community at large, to those people, agencies, organizations and groups whom it serves on many levels and who, in turn, serve it. The list is long and varied.

The Government of India has a contributory Health Scheme which directs its employees living in our area to take their wives to Holy



Sister M. Caroline, the Administrator, and Doctor H. Purcell at a meeting with the medical staff. Doctor Purcell spent four years away from his home in St. Louis, Missouri, serving Delhi and its people as Medical Director of HFH. The contribu-

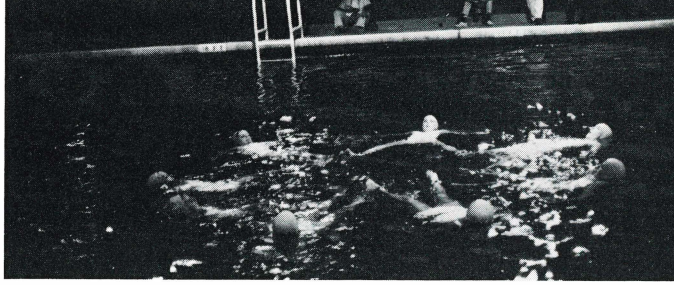
We meet the village people in their own homes through our public health program.

Family Hospital for all maternity care. The Government bears the expense for this. This brings the middle class people of India to our door. Unfortunately, we cannot take care of all who come and how hard it is to listen to a husband plead, "But Sister, how can I take my wife someplace else when all our children have been Holy Family Hospital babies!"

The village people we meet another way—in their own homes through our public health program. A graduate public health nurse with two students goes out daily to one of five surrounding villages within walking distance, to do pre- and post-natal care, health teaching, home deliveries, eye treatments and follow-up care of those who have attended the clinic or been admitted. Outlying villagers hear of the hospital via the grapevine and come from miles away. One man arrived by truck 24 hours after having had a fireworks sparkler poked into his abdomen. After the doctors sewed up close to 30 holes in his intestines, he recovered and returned to his village to spread the good word.

The greater majority of the 52 embassy and legation people represented in New Delhi are outpatients or in-patients. Some embassies have regular contracts with us; West Germany, Japan, Yugoslavia and the United States. In addition, the American Embassy contracts for us to do the physical examinations of Indian applicants for scholarships to the States. These applicants come from all over India, most of them leaders in their fields of medicine, science, engineering, education, industry and types of research.

Other organizations like the



The annual "Water Follies" in the Olympic Pool in Delhi, is one of the fund raising activities sponsored by the Ladies Auxiliary of HFH. The "Water Follies" are a notable social event in New Delhi.

Mr. Chester Bowles, the United States Ambassador in India, and his wife talking to the Sisters at the opening night of the "Water Follies."

Coca-Cola Company, Goodyear Rubber Company, Rockefeller Foundation, Ford Foundation and the International American School have arranged with Holy Family Hospital to take care of their indigenous and foreign personnel. Members of the Peace Corps in our area have all their medical care channeled through our hospital. Often those serving in other parts of India are referred for consultation.

Although nominal fees are charged to most of the patients who come, certain categories are treated free; those sent by St. Vincent de Paul Society, Townsend Cheshire Cancer patients, Mother Teresa's Shishu Bhavan for crippled children, St. Anthony's Orphanage and many other deserving patients.

The Holy Family Hospital Ladies' Auxiliary provides an excellent medium of contacts among New Delhi's 2,000,000 people. The members include active Indian women as well as women from other countries having diplomatic relations with India. Much good will and publicity is spread through their efforts. The group sponsors dinner dances, card parties, water follies in the Olympic pool in Delhi, cake sales and other fund-raising ventures. In addition, the women come to the hospital to offer their services in the out-patient department, central supply, laboratory and school of nursing offices. They make a notable contribution to the smooth running of this big city hospital.

Many behind-the-scenes supporters such as Catholic Relief Services, Catholic Charities, Meals for Millions and UNICEF also help to make it possible for the Medical Mission Sisters in New Delhi to

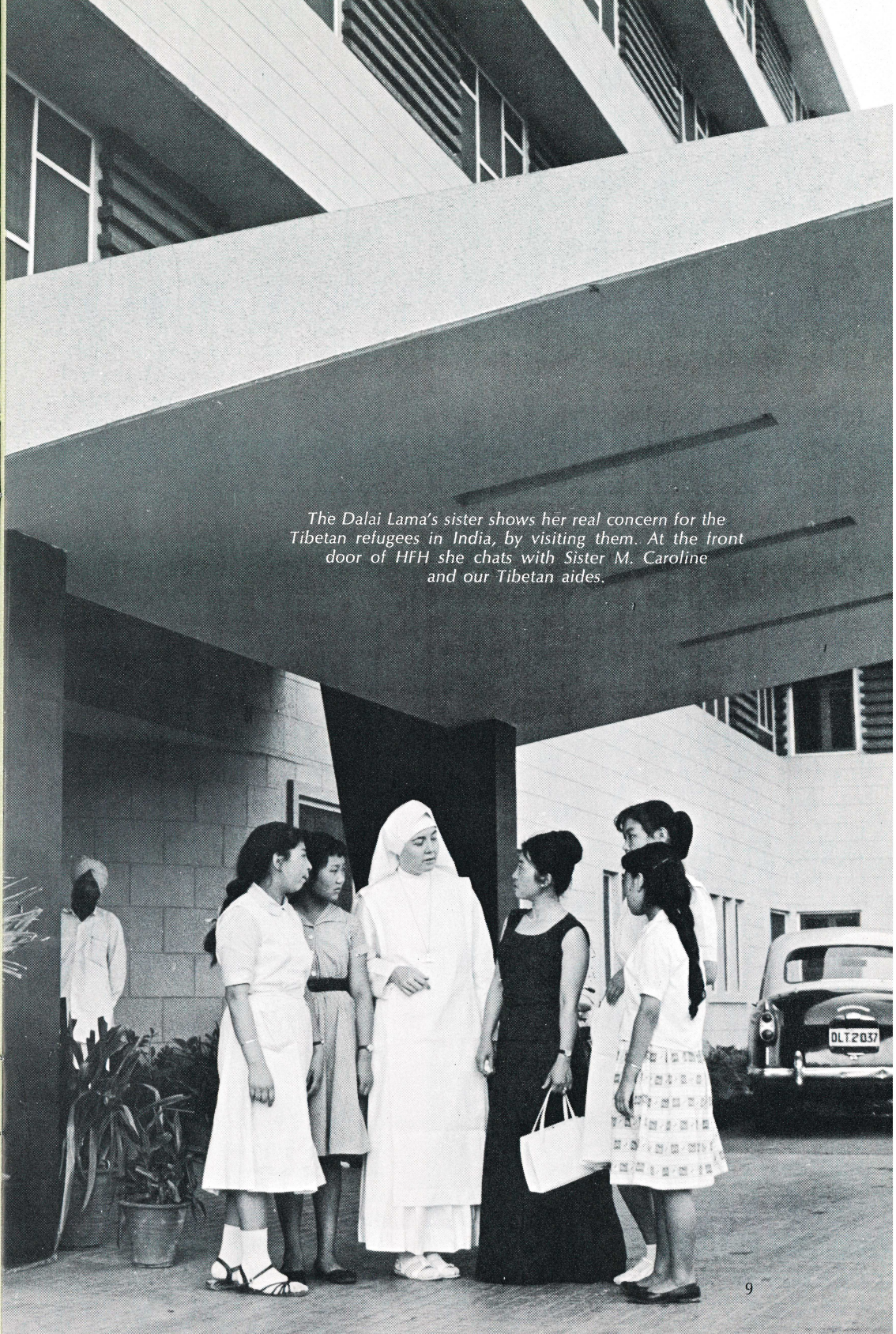
serve as many as they do. Through CRS, hospital supplies and equipment come into the country, duty free. This is made possible through the Indo-American Trade Agreement and the fact that Holy Family Hospital is on the list of approved hospitals according to the Government of India. Catholic Charities supply powdered milk, grains, oils and rice which we can distribute to needy villagers and use to supplement the diets of our own free patients. An excellent protein substitute produced from soy beans and peanuts is provided for a very minimal sum by the Meals for Millions agency. We can distribute this to our patients as real medicine to improve their vegetarian diet. UNICEF has given most generously to our nurses' training program, teaching aids, anatomical models, charts, demonstration equipment, glassware for the laboratory, a 10-seated bus for student transportation, a 16 MM film projector, and a 35 MM slide projector.

Two of our Indian Medical Mission Sisters taking examinations at Lady Harding Medical School.

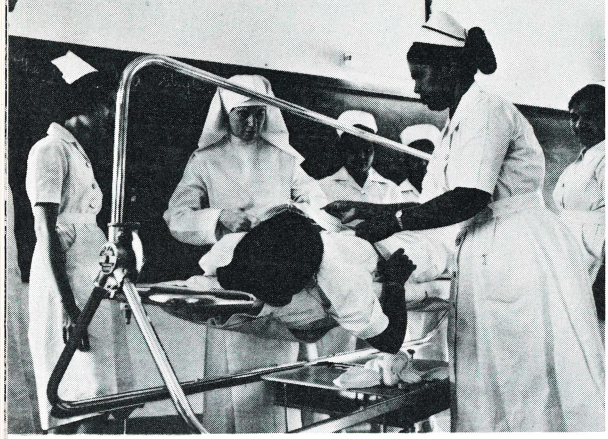
Population control, a topic of ferment all over the world, is also under discussion by the Church in New Delhi. A Rhythm Clinic is being set up to provide professional help to interested parties and in addition, Sister doctors from Holy Family have been asked to give the medical lectures at the Pre-Cana conferences. The St. Luke's Medical Guild, Catholic Hospital Association, and Catholic Nurses Guild all have monthly meetings which bring together members from all the other Catholic institutions of the city to discuss common problems and plan apostolic ventures. Holy Family is an important part of all of this.

When the Communists moved into Tibet, India became host to thousands of refugees. Delhi took in as many as 700 hopelessly sick and hungry people in a single night. Some of the older Tibetan girls eager to learn came to us for training as nurse aides. They spoke no Hindi so the early days were long and difficult. Now, our nurses vie with one another to have a Tibetan aide assigned to their floor, so well do they do their work . . . and Holy Family Hospital has made another valuable contact.

Nursing as a profession is progressing rapidly in India and fortunately our Sisters are being asked by the Indian Nursing Council to help in the planning, revising and implementing of improved nursing care and education. This brings

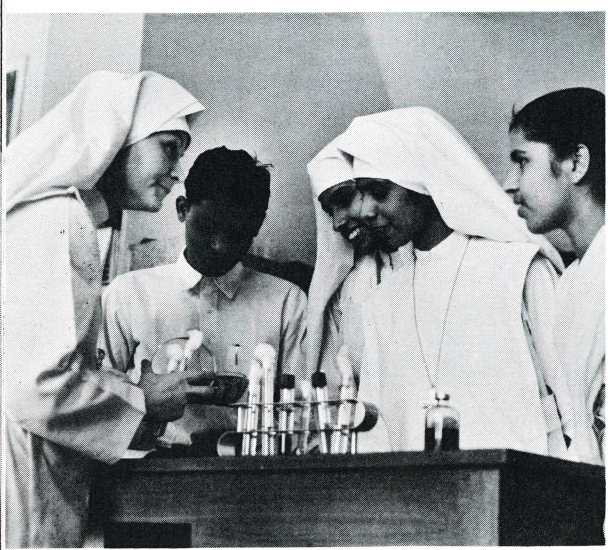


The Dalai Lama's sister shows her real concern for the Tibetan refugees in India, by visiting them. At the front door of HFH she chats with Sister M. Caroline and our Tibetan aides.



Sister M. Eileen demonstrates the use of a Stryker Frame to nursing students.

Sisters of several different communities study nursing at HFH, New Delhi. Here the students listen to an explanation of the heart model.



Sr. M. Michael Ann instructing students in the laboratory.

the hospital into active participation with the Chief Nursing Adviser for all of India, Deans of Colleges of Nursing throughout the country, matrons of other Delhi hospitals and nursing schools, WHO nursing consultants and other government officials. Professional meetings for hospital matrons, public health nurses and Sister-tutors, as well as the Trained Nurses Association of India, are held monthly.

On a student level, our own Sisters are scattered throughout the city, some attending Medical School at Lady Harding Medical College, some taking advanced public health nursing at Lady Reading Health Center, others taking a Sister-tutor course or hospital administration course at the Delhi College of Nursing. One Sister is doing graduate studies right next door to the hospital, at the Jamia Milia Muslim University. In January, 1965, our own hospital will have a graduate course for nurses in ward supervision; the following year, a graduate course in nursing education; and by 1967, a college program for nurses.

At present, our student nurses, moving into the Delhi community in many areas, go on field trips to see Community Block Development programs, Family Planning Clinics, TB Centers, Red Cross, Malarial Research Institute, Central Dairy (where pasteurized milk is bottled and delivered, a rarity in India), Sanitation and Water Department, Child Guidance Clinics

and others. To our hospital come students from other institutions to see, among other things, our central supply room, obstetrical department, kitchen and the only bed pan disposal unit in Delhi. Nursing College students visit us to study our organizational set-up. In each such exchange we can enrich and be enriched ourselves.

Cultural programs for the students bring another whole sector to our door; cultural attaches from the different embassies, the Minister of Health, Shrimati Shushiela Nayar, and other guests visiting the city. An Indian drama instructor comes to the hospital to direct plays in which the staff and students star. Indian dancing and singing are usually a part of these entertainments and draw a big crowd. Even the villagers from nearby, when they learn a "drama" is going on, come over to watch, forming a ring in the shadows. We, too, are often invited to productions put on by theater groups, art exhibits, lectures, etc.

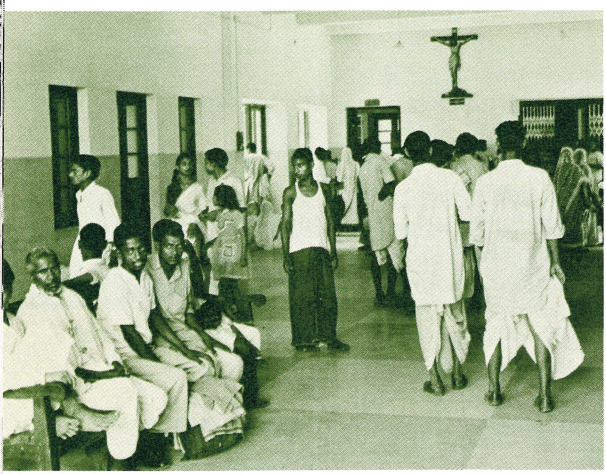
One of the latest developments in Holy Family Hospital's efforts to be a part of the professional life of New Delhi is the formation of a hospital administration group. Until a short time ago, all medical, administrative and nursing direction in Indian hospitals was handled by the Medical Director, a doctor. Now, slowly, the place of hospital administration is being recognized as belonging to a completely separate job. Rotating from hospital to hospital, a number of medical directors and would-be administrators are meeting regularly each month. Never before have our Sisters had the opportunity to come together with these men at a common table where problems and plans for improvement in the fields of building, maintenance, medico-legal aspects, labor and national defense are shared. It is an exchange in which many barriers are being eliminated.

Holy Family Hospital Blood Bank is another important source of community effort. Donors volunteer from the teaching staff of the Catholic schools, from several of the embassies and from private business concerns. The relatives of the patients are also called upon to be donors. One of the teachers remarked good-naturedly one day that he considered it an apostolic work, "shedding his blood for his neighbor." Unlike most other hospitals, we have a pathologist certified by the American Board of Pathology. Through the Schools for Laboratory and X-ray Technicians at Holy Family Hospital, we have been brought into contact with these departments in the other hospitals in the city and in the rest of India.

From all of this it is clear that Holy Family Hospital has been accepted as part of India's capitol city life, making its contribution along with many others, to the well-being of the local community, aiming toward the goals outlined in India's Five Year Plans, and toward the desires and demands of our apostolate.

RAJENDRA

BY SISTER M. FREDERIC, M.D.



The day Rajendra and his father walked in the front door, no one paid much attention. He was just another patient among the many who come each day, just another of India's youngsters who suffer from a whole gamut of medical diseases. But the day Rajendra walked out the front door of Holy Family Hospital, Patna, operation successful, it was a different story. Rajendra had met the team and the team had met Rajendra!

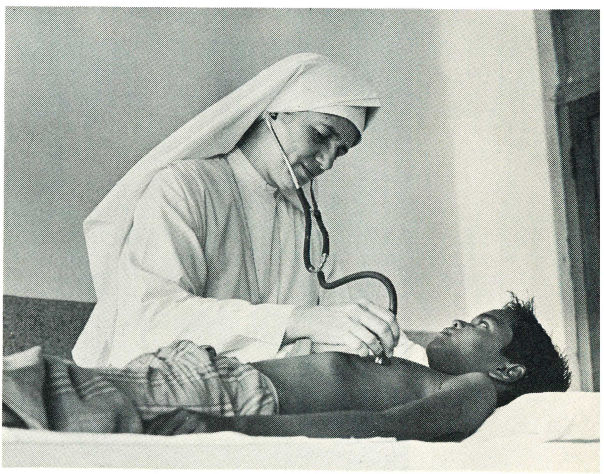
It was about 8:00 in the morning when this eleven year old Bihari boy and his father stopped at the Out-Patient Department ticket window for their first contact with us—a name written, age taken and ticket given. Rajendra and his father then followed me into my office where, for the first part of our consultation, I did nothing but listen. Rajendra was a very precious "only son," a boy who was going to school and upon whom great family hopes were pinned. His father, like parents all over the East, had something close to veneration for this only son, a very special kind of love that girls

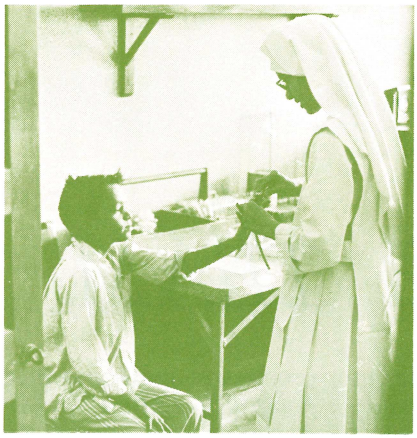
MEETS THE TEAM

never quite merit. It is a reaction I still find hard to explain even to myself after ten years of medical work in India.

The father wanted to make sure I knew every detail about the boy that might help the treatment. I listened as Rajendra's complaints, voiced by his father, were listed one by one and in great detail. Then I turned to the boy himself. It wasn't hard to make a provisional diagnosis; chronic renal disease with very probable stone formation, a diagnosis that meant Rajendra had little chance of living far into productive manhood in a land of poverty, malnutrition and disease. I knew we could do something to add to the longevity of this boy's life but that "something" would hardly be the clean bill of health his father so much desired. With guarded statements, I advised admission for further investigation.

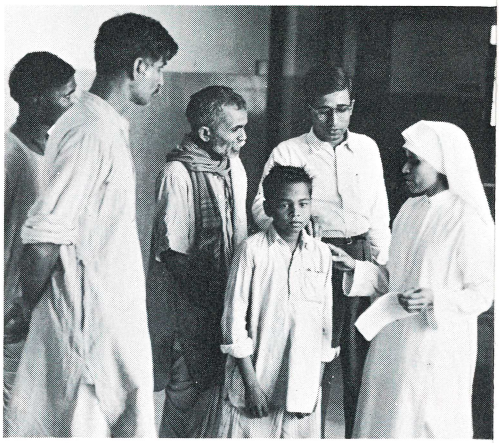
The next stop for Rajendra was the laboratory where Sister F. Maria took over for a time. She and Rajendra would see a good bit of each other before his stay was over. She took blood for a





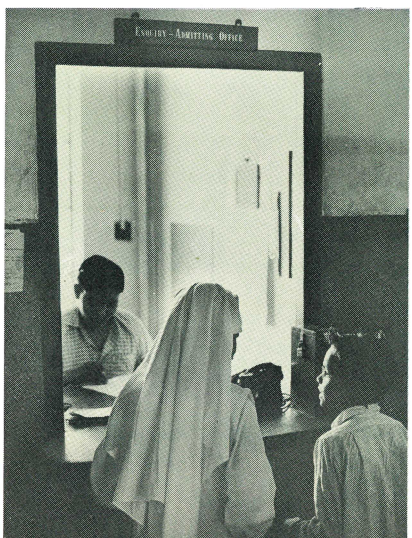
C.B.C.—later there would be the B.U.N., typing, cross-matching and other tests. Sister Maria, who earned her laboratory technician's diploma at Delhi University, knew what it meant for a young Indian boy from a small village to have to be admitted into a hospital. It had happened to her own little brother so she had just the right words to let Rajendra know it wouldn't be so bad here at Holy Family Hospital.

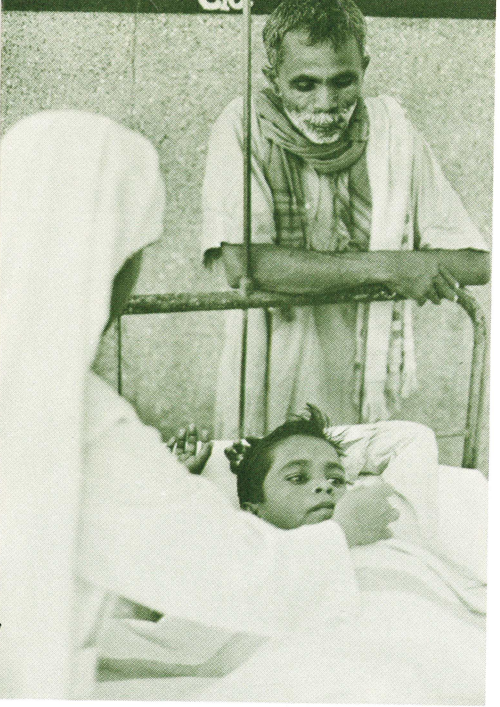
Before actual admission, Rajendra and his father made one more stop, this time in the X-ray department for a scout film of his abdomen. An I.V.P. would follow in a few days. Sister F. John came along at this point to take the boy and his father to the admission office. Other relatives who had accompanied Rajendra and his father from their village were waiting at the desk. No one comes alone to the "big city" in India. A trip to Patna, though not such a big city, was still high adventure for these



village people.

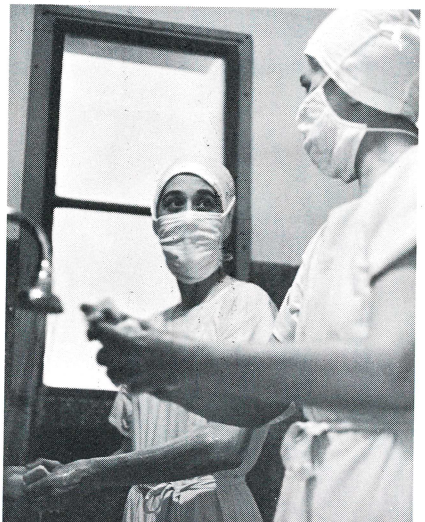
Sister F. John, who took her nurses' training in a Holy Family Hospital in a different part of the country, still knows how to explain things to Bihari villagers—why it is necessary for Mr. Paul at the desk to ask so many questions—Rajendra's name, his age, his father's name and village particulars. There are many, many Rajendras in Bihar, in all of India, but as far as Holy Family Hospital is concerned, today there is only one, this 11 year





old boy, son of Atma Ram from village Dibru Garh. All of the skills and techniques of the hospital's team of workers will belong to him for as long as he needs them.

By 10:30 Rajendra was tucked in his bed on men's medical ward where Mrs. Jon made sure he was comfortable. She too knew about young boys and how they feel their first day in a strange hospital world. She pretended not to notice the tears but spent much time at his bedside doing more than just technical nursing.



From here on Rajendra's story moves step by step through further diagnostic tests, confirmation of kidney stone diagnosis, pre-operative build up of Rajendra's body, of our friendship and of his family's understanding of the planned operation. Then came the operation itself, a nephrectomy, and finally the slow, gradual healing process right up to the day of discharge. In any hospital it might almost be called "routine."

But nothing about Rajendra will ever be called "routine" in our books. At each step of his stay, he met and made new friends, new members of the team whose coordinated work brought about his cure, from the Darwan who opens the front gate, to the woman who sweeps the floor in his ward, to the kitchen men who prepare his food, to the doctors, nurses and technicians. For each one he was a Bihari boy who captured our hearts on the first try.

BY SISTER M. FRANCIS, M.D.

"Take me with you," Kwami called out, as the thick "bush" swallowed his mother and he was left alone at the gate. "I will not stay!" The heart-rending cries of the thirteen year old brought patients on the run from every corner of the leprosarium compound. It was a familiar scene, and the hands that reached out to comfort the "newly abandoned" were sympathetic, spontaneous, sincere. "Come, young one, we shall take you to your new home." The voice was kind. Kwami clutched his small bundle of belongings and followed the hobbling elder past the big sign and down a smaller path toward "Men's Town." He could still taste the dust from the dirt road that had led him away from Kokofu village to this place on the outskirts of the town. He tried to forget the stark sign that had risen to welcome him at the road's end.

"You will be happy here, you will see," said the elderly man. Several came over to greet the new arrival and they immediately set about making Kwami feel at home. Two of the women patients, the settlement's cooks, saw to it that he received a good plateful of food, taking care to pick out the best piece of meat in the pot, ladeling out a generous portion of palm-nut soup into his bowl. Kwami dug in and was joined by the schoolboys who, in the manner of schoolboys everywhere, laughed

and teased him in comradely fashion. By late afternoon, Kwami had joined the little school of some eighteen children taught by Forson Kumah, a patient at the settlement. By the middle of the week, he could make his way unassisted to any part of the settlement's three sections: "Men's Town," "Women's Town" and the central area of administration, hospital and community facilities. By the time Kwami's mother came to visit him, barely two weeks later, Kwami was one of the gang. He was overjoyed to see his mother, but showed no regret when it was time for her to go. In fact, he was almost eager to return to his new friends. When Kwami was well enough to be discharged from the settlement several years later, it was as hard for him to leave as it had been for him to stay. A tall, well-built, happy secondary school student, Kwami walked through the gate with no stigma of leprosy, ready to face a normal, fruitful life.

We sometimes call Kokofu settlement "the club" because discharged patients return often to visit friends. Set amidst the huge trees of the rain forest, its neat little houses present a pleasing sight to the new patient or visitor. To the veteran patient, they spell home. One of our more imaginative arrivals exclaimed one evening: "When I was in my village, I

dreamt one night of a lovely place with flowers. When I came to Kokofu, I recognized the place of my dreams." Not all new patients, however, recognize immediately the place of their dreams. Kwami didn't. Neither did Abena Adusa.

I remember the day Abena came, a typical case of moderately advanced nodular lepromatous leprosy. Her face, hands and feet were swollen and full of nodules. She was sick, scared, without hope. I asked her why she hadn't come sooner. Her family answered for her. "We were twenty miles deep in the bush and everyone said that for this sickness there was no cure. Only when we came back to our village did we hear about Kokofu." So, Abena was left in our care. That was several years ago. Last week, as I prepared to leave Kokofu for a brief stay in the United States, I received the following letter:

"Dear Doctor,

"As you know, when I was coming to this place, I never thought of being like this—so healthy and beautiful. Even my family didn't think of that. In the name of God I thank you very much at present and always, you and your fellow Sisters.

"When I go home and everybody sees me, he or she will be pleased of the person who cured me. Therefore, I say another thanks to you. May God bless you wherever you will go for your leave. And I hope you will see me if you return. This is my present to you to bid you farewell.

"I remain
Your obedient patient
Abena Adusa"

And her fine present was two big cocks and some eggs. Little did Abena Adusa realize when she first came to us out of the bush that she would one day be looking after the hospitalized women at the settlement, very efficiently taking temperatures, making beds and doing simple dressings. She was a big help to us on the compound, so eager to be of service, a real boost to the spirit of community among her fellow patients.

The sense of community that exists at the settlement is apparent to all. The patients feel that Kokofu is theirs, and in a special sense, it is. All of the work of the institution is done by the patients themselves. They cook, do the laundry, take care of sanitation, cut the grass. Some are tailors; others, painters; several are ward aides; all are patients. Many of the patients work the farm and it is customary for the children to help at this.

On the whole, the patients are eager to do things. There are so many opportunities to learn at Kokofu. Several men have come with trades and there is a great desire among the patients to share acquired skills. Yalu, our painter, for example, is well trained and in the course of keeping all the buildings painted he has trained a number of others.

The list of tailors is also daily increasing. It is the rare patient who does not leave better off than when he arrived, better off not only physically but also economically and in work know-how.

While they are at the settlement, everything is done to build up a morale which is often deeply shaken. The community recreation center, with its record player, ping-pong table, card games, etc., is a favorite spot. It fosters that community spirit, that sense of belonging, so essential to a happy, well-adjusted personality. Bingo and movies (documentary films from Ghana Information Service, USIS, British Council, etc.) are popular. And there is always a skit in the making or a spontaneous burst of song and dance to celebrate a significant feast or a big event.

Friendships formed in Kokofu are often lasting. Our big problem is to prevent the patients from becoming so institutionalized that they do not ever want to leave. In order to avoid this, all who come are encouraged to visit with their families, and their families are urged to visit them. Always we point toward the goal, the day when they will leave to resume the old way of life. Kokofu, we insist, is only "an inn for a night." The best event of all is when a patient goes with no signs of the disease upon him. It is our goal for each one. Like all goals, it is not always perfectly achieved, but little by little we are approaching closer to it.

BLESSED ARE THOSE WHO DIE IN THE LORD +

Please pray for our deceased benefactors:

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RELIGIOUS COMMUNITY

Chosen by God
called from little towns like Teaneck and Clinton
from the heart of Chicago and the suburbs of New York
we have come together to serve the sick.
We have become a family
each one herself
yet each a part of every other.
Together we rejoice over good things;
together our burdens are made easier to bear.
Living, worshipping, working as one
we continue to forge strong bonds.
We are a family united
yet dispersed into Africa, Asia, Latin America and Europe.
We are a religious community
whose unity of mind and heart bears witness to the power of Christ's love
which MAKES MEN ONE.

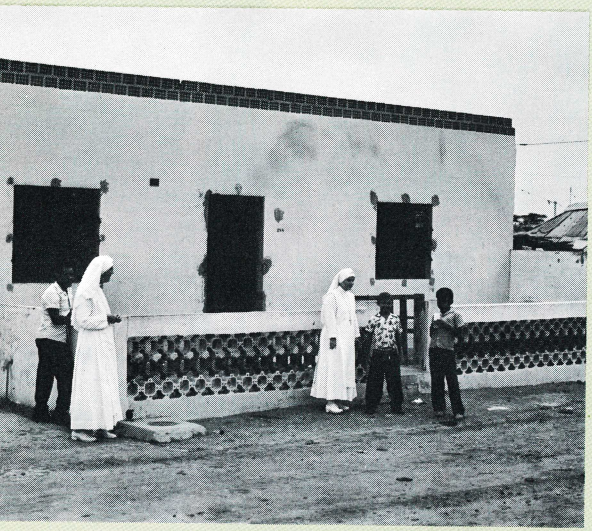
For further information on the vocation of the Medical Mission Sisters, write:

MEDICAL MISSION SISTERS · PHILA. 11, PA.

Photo: Clare Spain

THEIR CLINIC

BY SISTER JOSEPH MARIE



This is the dilapidated house in Las Piedras that became "Centros Sagrada Familia" through the spirited help of the people.

"Hermana, Antonio says they need more cement in Las Piedras. They're putting in the new floor in the treatment room today and won't have enough cement to finish."

7:00 A.M. and Cleofe, coming on duty, faithfully brings the message from the working crew in Las Piedras. Just a day or two before, her father and a few neighbors had put up the beaver board ceiling in the front room. Little by little things are beginning to take shape.

Holy Family Hospital, small but active, has looked after the medical needs of the people of Judibana for the last five years. Recently, a dilapidated house destined to be the first offspring of the young hospital was purchased in Las Piedras, a neighboring village that spells home for many of our hospital employees and patients. From the moment the house became ours and the people of Las Piedras understood it would become THEIR dispensary—*Centros Sagrada Familia*—they went all out to make a go of it. Employees, former patients, neighbors, business men and organizations, all stepped forward to lend a helping hand.

Donations in the form of furniture, cement blocks, screening and

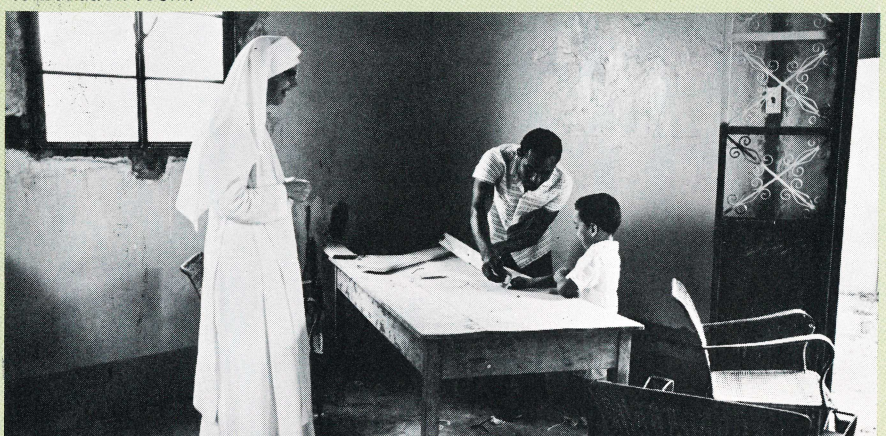
window glass came in and the work of remodeling the house was begun. Volunteer workers gave time and talent as best they could. Children came to watch and were soon put to work clearing out the debris and washing walls. A mason, unemployed, father of eight, whose wife and child were cared for in the hospital, presented himself at our door. "Hermana, may I do something for you? These days there is little work and I would like to help repay the kindness you showed to me and my family when we really needed it."

Then there is Silfredo's father. "All I have, Sister, is my truck. Any time you need me to move things down or to do errands for you, let me know." Silfredo, only five, victim of leukemia, had received palliative treatment in the hospital.

A little girl was returned to her home after several weeks hospitalization. During this time a nasty bone infection cleared up. She learned to say "yes" instead of the usual "no" and to sing "Dominique." More important, she experienced the love and kindness with which all, doctors, nurses and the rest of the personnel, treated her. A week later, her grateful parents sent a donation to be used for the dispensary with a note—"that some poor child, less fortunate than ours, may receive not only the necessary medicines but also the love and personal care which our daughter so abundantly received."

So the story of *Centro Sagrada Familia* goes on—the contractor who spent many a hot afternoon surveying and supervising the digging of the ditches for the sewer; Pascuali, owner of a busy machine shop, who personally came and measured the front door and provided us with a fine new one; the American lady who designed the letters for the name sign and the Portuguese iron workers who made the letters; the local women's club that donated money to buy benches for the waiting room and screens for the windows; the Rotary Club which provided a beautiful sphygmomanometer and

Sister M. Anita with a volunteer working to transform this room into a Doctors consultation room.



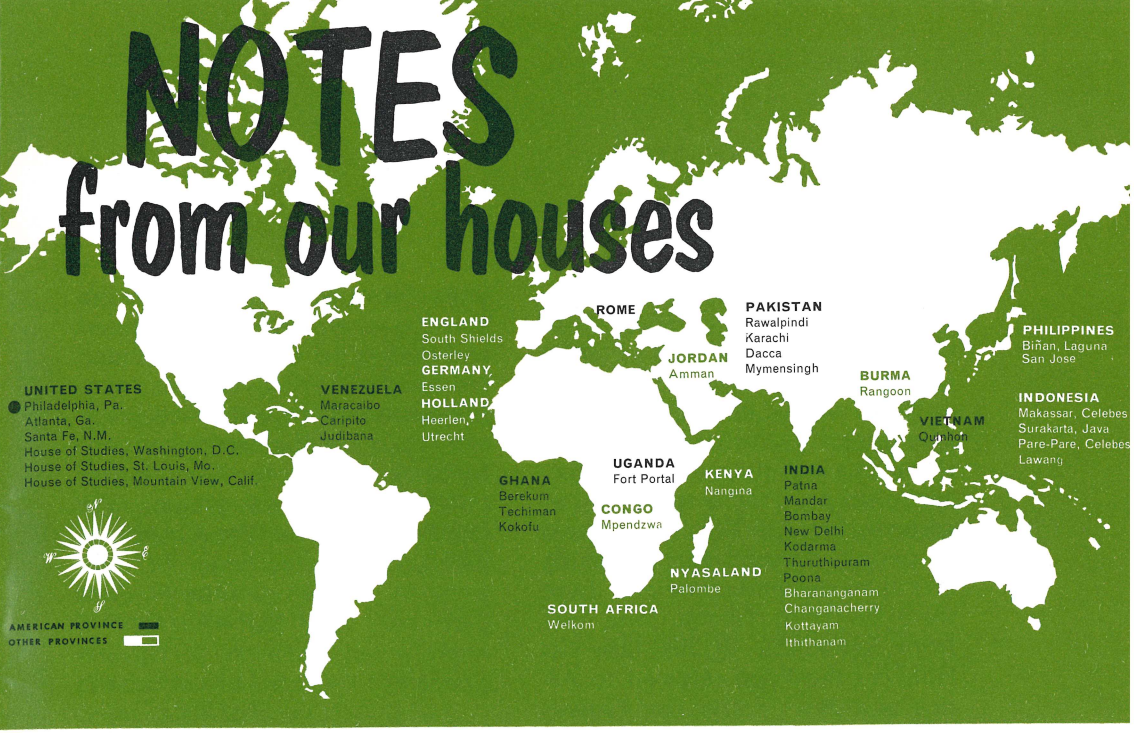
complete otoophthalmoscope; the many drug companies who have sent and continue to send a monthly quota of sample medicines and our own hospital employees, doctors, nurses and receptionists, as well as cleaners and nurses' aides who came to wash the equipment, scrape off old paint and prepare for opening day.

Special mention should be made of the Marcano family, a wonderfully kind gentleman and his wife who have taken a personal interest in the clinic since the day we appeared in Las Piedras. Together they helped with the painting, plastering and cleaning and have proved themselves the best of caretakers. Mrs. Marcano would show up on the hottest day with a cool drink for all and Mr. Marcano even got up at midnight and again at 4:00 A.M. to sprinkle the road in front of the house to keep down the dust.

Ramon is another, one of our very first employees who has since become a real friend. To his already busy schedule of pharmacy assistant, director of the hospital's Saving and Loan Cooperative union and head of the patients' and employees' lending library, he has now added helping out at the dispensary. He is an example to all of us with his ever ready smile and willingness to help. Even the other employees recognize this, since through his encouragement several have built their own homes, simple but sturdy, with the help of Co-op savings. He's known in his parish too and Saturday afternoons find him helping the parish priest distribute packages of milk and flour provided by Caritas (NCWC in Venezuela) to the poor and needy. Ramon is just one more good reason why *Centro Sagrada Familia* has been blessed from the start.

Soon the clinic will be ready to open its doors, or rather, begin seeing patients. For the doors have been open now for several months and the people who have walked into the clinic-to-be have stayed to help, giving unselfishly of their time and energy in that spirit of Christian community development and unity which seems to characterize the present in almost any corner of the globe.

A typical "Conjunto" (choral group) made up of the hospital employees Many of our hospital employees in Judibana live in the nearby village of Las Piedras and were among the most enthusiastic helpers in setting up the dispensary.



GHANA

Home to Ghana via Rome

When you hear the talking drums uttering their great *Akwaabe* (welcome) then you really know you have arrived! The employees had the drums right up front and beat them loud and long. It was nice to see their faces again and it was nice to see our Sisters too. But it was nicest of all knowing that the work was waiting for you. The Sisters remarked that it doesn't take long to get back into the work and you soon feel as if you had never been away. But that is only partly true, for you know you have been away. You know it when you recall all those wonderful days of being with the family at the "home-front." The renewing of old acquaintances and making new ones; the sharing together of community experiences, joyous and sad, which make the oneness; these are the refueling of the Sisters on furlough.

Those five days in Rome were grand. In fact, nobody could have planned it better. There were two audiences with the Holy Father, a canonization, and the meeting of the Ghanaian delegates who came to the canonization of the Uganda martyrs.

It would take too long to go into the details of the canonization ceremony. There was a choir from Uganda present and during the Offertory and other times their drums and xylophones resounded throughout St. Peter's. This was the first time this had happened. There were several firsts—it was the first time that anybody had assisted the Pope to canonize a Saint; Cardinal Rugambwa assisted Pope Paul during the ceremony. At the drinking of the wine the Holy Father used a long golden drinking tube and all the clergy

assisting him drank from it too. The Epistle and Gospel were chanted in Latin and in the Eastern Chant. It was very beautiful.

There were 2,000 African delegates present and of course they stood out in the crowd. Still, they appeared as a mere sprinkling in comparison with the huge crowd of people present. From Uganda 200 delegates had come and there were 26 from Ghana (one was from Berekum). In his talk His Holiness the Pope referred to Africa as a new "Patria" for Christianity, and there was a great burst of applause.

Archbishop Amissah of Ghana informed Sister James and me of our audience with Pope Paul. According to Sister M. James, this too had so many firsts—the first time the Holy Father was addressed in English and the first time he started his speech with the English language; the first time the Holy Father spent so much time with the people having his picture taken. Anybody who has dealt with Africans knows how much they love having their picture taken with dignitaries. It was also the first time the African drums were played at an audience. The Holy Father was nearly pulled from his gestatorial chair by the African delegates who were overjoyed at seeing him at such close range. And as Bishop McCauley of Uganda said after it was all over—"You have never seen anything like this before, and you won't see it again." Unless, of course, we have some more African canonizations. Sister M. James and I were close by when His Holiness passed and both of us were able to touch his hand. The Holy Father mentioned that there were three African Popes and that Africa has contributed much to the Church. Her potentials are ever greater. We need to pray for the Church in Africa.

Sister M. Paula
Holy Family Hospital
Techiman

PAKISTAN

Calling All Care!

A remarkable old lady of 84 years (not at all little, but certainly "bright as a button") who broke her hip about a month ago and on whom Sister Dr. Austin Jung did a hip pinning, has evidently taken to heart what the books say, that "all the personnel of the hospital center upon the patient . . . the patient is the hub of their activities," etc. For "granny" craves company. Whether it is doctors, nurses, relatives or bearers, it hardly matters. Her signal cord—or her vocal chords—corner whomever she can and cause her to be

amusedly referred to as our most "attractive" and "most thought of" patient on Women's Surgical.

When Sister suggested she begin feeding herself, now that she was feeling more herself after the surgery and all, she looked up with a rather hurt expression and said briskly, "That is what I'm doing! The nurse only puts the food in my mouth and I have to chew it!" (Granny had been just sharp enough to observe that a semi-conscious old lady next to her was being tube-fed!)

Sister M. Sylvia
Holy Family Hospital, Karachi

VENEZUELA

A Visible Awakening

There is a visible awakening of the Catholic laity here in Venezuela. During the National Catholic Action Week, we attended a spirited discussion of Pope Paul's encyclical, "Ecclesiam Suam," in which over 100 persons participated. The initial talks were given by a couple representing the Christian Family Movement, the president of the Young Women's Catholic Action Group and by one of our doctors, who is extremely active in the Cursillo of Christianity Movement. The Cursillo is primarily a concentrated course on Christian Doctrine. It was really a sign of the great things that an enlightened laity can accomplish for the growth of the Church. Their zeal and enthusiasm was contagious, but best of all, their zeal was solidly based on knowledge. In the spirit of "dialogue" they also voted to change the name of Catholic Action Week to the Week of the Lay Apostolate, thereby demonstrating to all the unified aim of all the various organizations—the building up of the Body of Christ, the Church.

Sister M. Janet
Our Lady of Coromoto Hospital
Maracaibo

INDIA

Light Up and Relax!

The "great" event here in Poona house was the recent connection with city electricity. After months of intermittent work on poles, wires, etc., and after many promises and postponements (and four and a half years of generator problems!), the moment finally came for the solemn turning on of the main switch. The whole community—plus the four electricians—

watched in skeptical yet hopeful silence while I pushed the switch. When the lights went on on the veranda a great shriek and thunder of applause went up from all. The electricians seemed even more elated than we were. Had there been—perish the thought!—some doubt in their minds??

Sister M. Benet
Poona Novitiate

GHANA

On Second Thought

Let me tell you one of my favorites. An elderly little man, perhaps in his late 60's, came to our outpatient department dressed in a fairly expensive *ntoma* (a long cloth that serves as a robe) and accompanied by his son. This was his first visit to the hospital and he showed me a mass on his upper leg. I advised surgical excision, he agreed, and we settled on a date for his admission. He was admitted on a Thursday and when I went to see him that evening to tell him the operation would be the next day, he said: "No, I can't have the operation on Friday because the spirits will not like it." In that case, he would have to wait until Monday. But when he discovered that this waiting would add on to his bill, he thought that perhaps the spirits wouldn't really mind after all. So the surgery was done on Friday.

We excised a moderate size lipoma starting to undergo necrosis and he requested to see it. "I knew it," he said, "this is juju (a magic charm)." "See the black spots on the soles of my feet? Well, there are some members of my family who want my cocoa farm. They put a juju in my path, I stepped on it, and now this mass; and if it reaches my heart I will die. Then they will inherit my cocoa farm." I was just about to contradict his story and dispel these juju ideas by telling him that many people had lipomas, that juju was not the cause, when he added: "This hospital is a wonderful place. It can even remove juju."

I was unable to comment. Actually, was a comment necessary?

Sister M. Fernande, M.D.
Holy Family Hospital, Berekum

INDIA

A Grave Problem

The annual flood was heavy and slow in receding this year. The

water rose as high as our front step. We had big and small wenchies (boats) inside the gate to take patients and relatives back and forth. Most houses were vacated as they went under water and the people took refuge in schools and neighboring villages on higher ground. Some families simply decided to live right in the wenchie. We felt as though we were in Noah's Ark as we are the highest spot in Thuruthipuram. One of our employees had to change his dwelling three times. At last he returned to his own home, made a platform with benches, spread sand over it and had a fireplace for cooking. It is pathetic to see people wading through knee-deep water in their own houses, to see children placed on *charpoi* (string beds) on benches for a whole week or more. We were fortunate to have received a supply of corn meal and milk powder which we could distribute to the people.

On top of it all, we had a funeral. A platform was made in the house of the deceased and the coffin was placed on it. The people had to stand in knee-deep water to pray for the repose of his soul. Then the funeral procession began. A wenchie brought the people and the coffin to the graveyard, which raised a new problem. How to dig the grave! There was a raised spot of ground, reserved for emergency use during floods, and they buried the body there. On the day of resurrection we will know if there is any difference in being buried in a wet grave or in a dry one!

Sister F. Dominic Marie
A.A.J.M. Hospital
Thuruthipuram

UGANDA

Just Hanging Around

Mr. Joseph is a new boy at the admission desk here in Fort Portal. Tall and eager, he really has great potential but so far, not too much has been actualized! His latest accomplishment, however, is the small telephone switchboard in the admission office. A conversation with him goes something like this . . . "This is Mr. Joseph speaking." "Mr. Joseph, will you please connect me to Sister Philip in the pharmacy?" "Very well, Sister, keep hanging. . . ." So one "keeps hanging" until Mr. Joseph completes the connection. As I say, he has great potential!

Sister M. Darrah
Holy Family Hospital, Fort Portal

PAKISTAN

Not To Be Buffaloed!

Greetings from Pakistan! I'm a typical new arrival. I simply can't give an adequate picture of all the sights that came upon me as we drove from the airport to my new home. Our little jeep continually weaved in and out among water buffalo which seemed to be everywhere. One delightful scene has stuck in my memory. I saw a tiny brown bundle of a boy—brown skin, brown smock, a brown cloth wrapped around his head—walking behind a herd of buffalo. It was the little fellow's job to keep those big, bulky buffalo on their toes! The lad with his switch, standing knee-high to those brutes, reminded me so much of David with his sling.

Sister M. Jogues
Holy Family Hospital, Rawalpindi

VENEZUELA

New Approach

The new liturgy changes bring some different reactions. Here in Maracaibo one man went to Communion. Father said, "Corpus Christi" to which he promptly replied "O.K." with solid conviction!

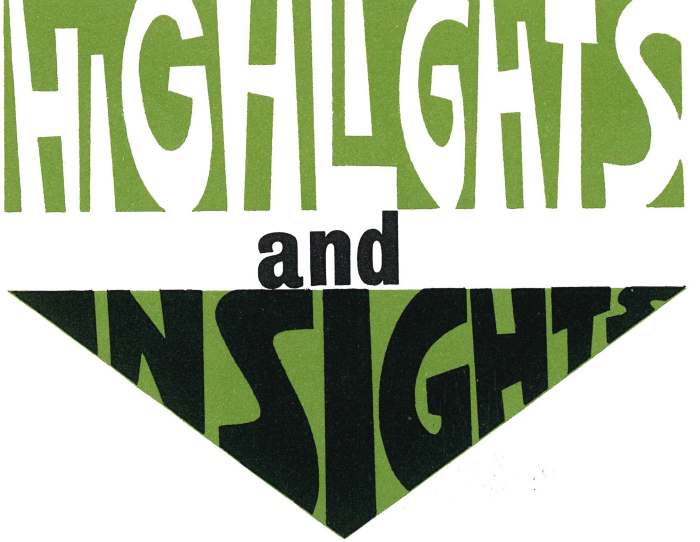
Sister M. Jeanne
Our Lady of Coromoto Hospital
Maracaibo

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.



Hope centers about the men and women who have not accepted the misery of their fellow men as inevitable, or steeled themselves against it. The hope is small, undermanned, exposed. In comparison with the task to be done, with the line-up of the sick at the door, with the infants who have so little chance, and the wretched old who cling to life—in comparison with those speechless eyes and empty hands, and what they ask—the small number of thinking and compassionate men has very little resource.

But it is the part of hope to hope on; for reasons which are unclear to the man of hope, but which are nevertheless formidable and even unkillable reasons. In somewhat this way, the Church hopes on—for change, for compassion, for a massive world-wide awakening in men.

She realizes, first of all, that no outsider has ever been of any real use to a man in need. To aid the poor, one must himself be poor. And if it happens that he is not poor, then he must deliberately become poor. A poor world is indeed teaching the Church. It is bringing home to her, in an entirely new and immediate way, the simple words, "Go, sell what you have, and give to the poor, and then come, follow Me."

Daniel J. Berrigan, S.J.
JESUIT MISSIONS, November 1964

"International medicine is a powerful force for truth, compassion, understanding, human service and peace," said C. James Krafft, M.D., the American Medical Association's representative at the First Latin American Congress of Christian Medicine in Quito, Ecuador.

Physicians and other persons attending the Congress represented 18 of the 23 Latin American nations. More than half of the 104 registrants were national physicians, and the remainder medical missionaries. Dr. Krafft emphasized that physicians who share their medical knowledge with doctors from other parts of the world possess a form of communication and concern "that can freely cross international boundaries—not for destruction or nationalistic purposes—but for the good of mankind."

THE AMA NEWS, October 12, 1964

Pope Paul has singled out three reasons impelling doctors to conquer cancer: love of science, human compassion and Christian charity.

Beyond science, he said, there is a quality of human compassion "which is born of daily contact with so much suffering, with so much illness which is even humiliating to the dignity of the human being who, in the face of the awareness he has of his condition, could at times give in to the temptation of isolation, of unconquerable horror of himself and of others.

But in the end, the Pope said, it is "charity which is the supreme motive" of this work.

It "must sustain you in your devotion . . . and be present there in secret, the genuine source of your every act with the thought that in the suffering bodies of your patients the Divine Saviour, Head of the Mystical Body, prolongs and renews His agony and His Cross."

Pope Paul VI
THE ADVOCATE, November 12, 1964

President Johnson has called international cooperation a clear necessity to our survival. He made his remarks at a White House ceremony where he proclaimed 1965 as International Cooperation Year in the United States. Speaking to representatives from private groups and organizations, the President declared the challenge today is to improve and to perfect those organizations that already exist for this purpose.

The President called for public understanding and support, which, he said, "is vital and basic to our success in striving for world understanding and cooperation." Appealing to his audience for their assistance in informing the American people of the importance of international cooperation and organization, the President announced that he was appointing a special Cabinet committee to direct and coordinate all possible proposals to improve world cooperation.

FOREIGN POLICY BRIEFS—
Washington, D.C., Oct. 28, 1964

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THE QUEENSHIP

We are all children of one parentage.
Mary our Queen
let us link lands through loving:
you fill the gaps between.

Sister Miriam Therese S.C.M.M.

our Mymensingh hospital, in Pakistan, is just too small. We need a whole new hospital. Can you get us off the ground?"

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